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# UNITED NATIONS POPULATION FUND
# PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mali

| | |
|---|---|
| Proposed UNFPA assistance: | $11 million, $10 million from regular resources and $1 million from multi-bilateral and/or other, including regular resources |
| Programme period: | 5 years (1998 - 2002) |
| Cycle of assistance: | Fourth |
| Category per decision 96/15: | A |

Proposed assistance by core programme areas (in millions of $):

| | Regular resources | Other | Total |
|---|---|---|---|
| Reproductive health | 6.0 | 0.5 | 6.5 |
| Population and development strategies | 2.1 | 0.5 | 2.6 |
| Advocacy | 1.3 | - | 1.3 |
| Programme coordination and assistance | 0.6 | - | 0.6 |
| Total | 10.0 | 1.0 | 11.0 |

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MALI

## INDICATORS RELATED TO ICPD GOALS*

| | | Thresholds* |
|---|---|---|
| Births attended by health professional (%)[1] | 30.0 | ≥60 |
| Contraceptive prevalence rate (15-44) (%)[2] | 5.00 | ≥55 |
| Access to basic health services (%)[3] | 20.0 | ≥60 |
| Infant mortality rate (/1000)[4] | 159 | ≤50 |
| Maternal mortality rate (/100,000)[5] | 2000 | ≤100 |
| Gross female enrolment rate at primary level (%)[6] | 10.6 | ≥75 |
| Adult female literacy rate(%)[7] | 17.3 | ≥50 |

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

## Demographic Facts

| | | | |
|---|---|---|---|
| Population (000) in 1995 | 10,795 | Annual population growth rate (%) | 3.03 |
| Population in year 2000 (000) | 12,559 | Urban | 5.29 |
| Sex ratio (/100 females) | 96.9 | Rural | 2.13 |
| Per cent urban | 28 | Crude birth rate (/1000) | 47.4 |
| Age distribution (%) | | Crude death rate (/1000) | 17.1 |
| Ages 0-14 | 47.4 | Net migration rate (/1000) | 0.0 |
| Youth (15-24) | 18.9 | Total fertility rate (/woman) | 6.60 |
| Ages 60+ | 4.1 | Life expectancy at birth (years) | |
| Percentage of women aged 15-49 | 44.1 | Males | 46.4 |
| Median age (years) | 16.3 | Females | 49.7 |
| Population density (/sq. km.) | 9 | Both sexes | 48.0 |
| | | GNP per capita (U.S. dollars, 1994) | 250 |

*Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Mali in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $11 million, of which $10 million will be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1million from multi-bilateral and/or other resources to the extent possible. This would be UNFPA's fourth programme of assistance to Mali.

2. The proposed programme is based on the action plan for the implementation of the National Population Policy (NPP) for the years 1991-2022; the conclusions and recommendations of a Programme Review and Strategy Development (PRSD) exercise undertaken jointly with the Government, the lessons learnt from the three previous programmes, and the Country Strategy Note. The programme's aim is to help achieve the goals of the National Population Policy, which include moderating population growth, reducing morbidity and mortality, integrating women into the development process, and improving the living conditions of children and youth. The overall goal of the Government's programme as stated in the National Population Policy is the "reduction of poverty through the achievement of a better balance between population dynamics and sustainable development".

3. The purposes of the programme are to help: (a) expand access to reproductive health services and improve their quality in order to increase the contraceptive prevalence rate from 12 per cent to 25 per cent in urban areas (from 16 per cent to 30 per cent in Bamako) and from 2 per cent to 9 per cent in rural areas, increase the proportion of prenatal consultations from 53 per cent to 80 per cent nationally and that of attended births from 40 per cent to 60 per cent; (b) promote reproductive rights and gender equity and equality; (c) increase awareness of the need to integrate population variables into national development plans and sectoral strategies and programmes; and (d) improve the political, juridical and institutional framework for implementing national population programmes.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Mali is a landlocked country with 10.8 million inhabitants occupying an area of 1.24 million square kilometres. Seventy-eight per cent of the population lives in rural areas. The annual population growth rate is estimated at 3.03 per cent. The country suffers from poor health conditions due to the difficulty of access to drinking water, inadequate health coverage and low government

spending in the health sector. The determinants of maternal mortality have been shown to be under-utilization of basic maternal health services; complications arising from early, frequent and late pregnancies; and the often unhygienic conditions under which newborns are delivered in rural areas. Despite recent declines, mortality rates remain quite high. It is estimated that 3 per cent of the population is infected with HIV, predominantly among such specific groups as commercial sex workers and truck drivers. The overall prevalence of HIV among pregnant women is 3.8 per cent. Female genital mutilation (FGM) had been performed on 94 per cent of women aged 15 to 39 years. The main thrust of the Government's health policy is the strengthening of primary health care services and mobilization of domestic resources through community financing and cost recovery programmes, thereby fostering a higher level of community involvement in health care management at the regional and subregional levels.

6. Ranked among the 20 poorest countries in the world, Mali's economy is dominated by the primary sector, which employs 80 per cent of the active population. Economic growth has been erratic over the past ten years, but since the devaluation of the CFA franc in 1994, Mali has been considered to be one of the most successful countries in the CFA zone. At constant prices, the rate of increase in gross domestic product (GDP) rose from 2.6 per cent in 1985 to 7 per cent in 1995. The country currently enjoys favourable political and socio-economic conditions characterized by a democratic regime that has been in place since 1992.

7. The total literacy rate has increased in recent years but is still very low -- 29 per cent for men and 17 per cent for women. There are disparities in the rates of school enrolment between boys (47 per cent) and girls (30 per cent) and also between rural and urban areas.

Past UNFPA assistance

8. The immediate objectives of past UNFPA assistance were: (a) to help reduce the population growth rate by promoting family planning; (b) to reduce maternal and infant mortality; (c) to assist the Government in elaborating and implementing a strategy to enhance the integration of women into the development process; and (d) to make accurate data on mortality and migration available for national development planning. The programme was initially approved for the period 1993-1996 in the amount of $5.2 million. Following the mid-term review of February 1995 and in order to harmonize programme cycles with UNDP and UNICEF, the UNFPA programme was extended by one year (1997) and additional resources were approved by the Executive Board. Total expenditures amounted to $7.7 million.

9. UNFPA contributed to the creation of a National Council for the Coordination of Population Programmes (CONACOPP), with decentralized structures at the regional, district and community levels, as well as the creation of the Office of the Commissioner for the Advancement of Women, which undertook activities to promote and enhance the image and social status of women, revised laws that discriminated against women and reviewed policies relating to the education of girls and adolescents. Among these reforms was the abolition of the rule that required women to get

permission from their husbands in order to obtain family planning services. The Fund assisted in the revision and implementation of the sectoral health and population policy, the organization of a symposium on training in reproductive health and family planning, and the revision of reproductive health norms and procedures in the field of reproductive health. The impact of these changes and reforms has made it possible to expand services in locations closer to the users through community-based distribution of contraceptives and community health centres and by providing a wider availability of pills, spermicides and condoms through nonconventional outlets.

10. The programme also contributed to efforts to communicate population and reproductive health messages to the general public. Such efforts included the elaboration of the National Communication for Development Policy in 1993 and a national population information, education and communication (IEC) strategy in 1994, and the elaboration of an IEC training and research plan. The programme supported a significant production of radio and television programmes and the development of a national pool of competent managers in the field of population IEC. Population and family life education were introduced into school curricula starting in 1994. The benefits of these activities have been greater public awareness of the importance of population as an essential element of development and an increase in the level of awareness of various contraceptive methods.

11. The major constraints in executing the past country programme included delays in the implementation of the NPP because the Priority Investment Programme in Population (PIPP) did not receive the funding requested to allow its implementation. There was a continuing lack of certain family planning services and emergency obstetric services in health centres in peri-urban areas of the country's cities as well as limited geographic coverage of health services in some areas, thereby creating regional disparities in terms of access to services. There are still certain legal barriers that limit access to contraceptives. As with many other countries, there is a continuing shortage of qualified personnel, and the Government has limited capacity to support recurrent costs.

12. The participation of NGOs in execution of the previous programme had been quite significant and very beneficial. By extending coverage to the disadvantaged northern regions it had been possible to extend outreach to nomadic populations. The programme demonstrated, once again, that IEC activities should be complemented by the provision of services to avoid distortions between supply and demand. Within the framework of collaboration with other donors, complementarity of interventions and the programme approach need to be emphasized to ensure strengthened cooperation among various donor agencies. The programme results showed that the perspectives of target populations needed to be better reflected in educational materials and that reproductive health programmes for adolescents and youth needed to be built on a more participatory approach, as was also the case with efforts to promote gender equality and equity.

Other external assistance

13. In the field of population, the country's principal partners, in addition to UNFPA, include the World Bank, UNDP, UNICEF, the United States, Canada and the International Planned Parenthood Federation (IPPF). The Government of Mali requested and obtained co-funding from UNICEF, the World Bank, the United States, Germany and Belgium for a large project entitled "Population, Health and Rural Water Supply" in the amount of $105 million for the period 1992-1998. The programme of cooperation between Mali and UNICEF for 1993-1997 aimed at reducing the rates of maternal mortality and of infant and child mortality due to diarrhoeal diseases, acute respiratory illnesses, malaria, and diseases preventable by immunization. UNDP and UNFPA co-financed the implementation of the National Population Policy as well as a round table of donors in 1996. In addition, UNDP has provided substantial support to the National Committee on AIDS. The national affiliate of the IPPF continues to promote family planning by providing contraceptives and services as well as by providing reproductive health services to young people through a project funded by UNFPA.

14. Although Mali benefits from the assistance of many donors in the area of primary health care and reproductive health, only UNFPA has a global approach to population assistance that includes reproductive health (including reproductive health counselling and family planning services for young people), gender, IEC, population and development strategies, and advocacy. Since 1994, UNFPA has been the largest investor in the reproductive health of adolescents and youth, both in the area of IEC and in the establishment of youth centres.

Proposed programme

15. UNFPA will provide nationwide assistance for the implementation of the National Population Policy and of the country's policy for the advancement of women. In the field of reproductive health, UNFPA will continue to focus on two districts in each of four regions -- Gao, Kayes, Sikasso and Timbuktu -- assigned by the Government under the 1993-1997 country programme, as well as in Bamako. There is a need to build on achievements and to strengthen support in these regions. The four regions are characterized by difficult access to health centres, low contraceptive prevalence rates, and dispersed populations. The total target population will amount to 805,000 inhabitants in the four regions plus the approximately 1 million inhabitants of Bamako. Although the focus will be on these four regions and Bamako, UNFPA will continue, as it did in the past programme, to provide contraceptive commodities nationwide in collaboration with IPPF and the United States Agency for International Development (USAID). In addition, UNFPA will help develop IEC counselling activities for the regions of concentration and will also use media with nationwide coverage -- radio and television -- to disseminate information on reproductive health. As in the past, UNFPA will collaborate with selected NGOs that have been endorsed by the Government.

16. Reproductive health. The purpose of the subprogramme in the area of reproductive health is to contribute to a higher rate of utilization of reproductive health services through better training of health personnel and by making reproductive health services more available, including by providing more services for adolescents and men.

17. The three outputs expected at the end of the programme in the four target regions and Bamako are: (a) improved access to quality reproductive health services; (b) wider distribution of contraceptives in both rural and urban areas; and (c) improved supervision of health services at the central level. This will be achieved through integrating a greater range of reproductive health services in 50 community health centres that already offer a minimum package of activities and by opening 80 new community health centres that will also provide a wide range of reproductive health services, including a minimum package of activities. The subprogramme will also support developing community-based distribution of contraceptives in rural areas and the social marketing of contraceptives in urban areas; training; establishing four multi-purpose referral centres in urban areas for youth; introducing a reproductive health module in medical and paramedical schools in Bamako, Sikasso and Kayes; and organizing supervision of health services at the central, regional and district levels. All contraceptive methods (pills, injections, intra-uterine devices (IUDs), spermicides, condoms and implants) will be available in the referral centres at the national level, i.e., in Bamako and regional capitals. At the regional level, all hospitals will provide IUDs, pills, injectables and spermicides. At the district level, the community health centres will also provide these four contraceptive methods, depending upon availability of trained staff.

18. The subprogramme will help to strengthen institutional, management and coordination capabilities through the elaboration of a national reproductive health programme and by training a critical mass of staff at the different implementing agencies. It will support a situation analysis of the health system in Mali and demographic and health surveys, with partial funding from USAID, at the beginning and at the end of the programme. The subprogramme will also work to increase demand for reproductive health services and decrease the incidence of practices harmful to the health of women and children through the elaboration and implementation of a population and reproductive health IEC strategy and programme and the production and dissemination of IEC messages and materials. It should be noted that to avoid creating demand in areas where services are not offered, IEC activities and services will be carried out in the same regions of the country in which the Fund will be working to improve services.

19. Population and development strategies. The purpose of the subprogramme in the area of population and development strategies is to ensure greater attention to the effective integration of population planning in development strategies and programmes. The subprogramme will help to improve coordination and programme management capacities through: (a) assessing the management capacities of central and regional implementing and coordinating structures in order to select the better-equipped ones for coordination and implementation of projects and programmes; (b)

establishing a management information system to monitor the population programme; (c) training staff and supplying equipment for the decentralized structures of CONACOPP; and (d) helping develop intersectoral coordination mechanisms between the Government, NGOs and other development partners at the national, regional and local levels.

20. The subprogramme will assist in developing an improved system of data collection, analysis and dissemination through support for the organization of the 1998 census and the establishment of a population and social database and by organizing seminars and workshops for managers at the central, regional and local levels in order to disseminate and profit from the results of a number of recent studies. Check-lists will be developed to ensure that the specific needs of adolescents and youth are analysed and taken into account in the design and in the implementation of population programmes. The subprogramme will foster the advancement of the status of women and the mainstreaming of the gender approach in all programmes and projects through formal and informal training programmes, financial and logistical support to governmental and non-governmental institutions responsible for improving the status and conditions of women, and development of check-lists for mainstreaming the gender perspective. The realization of these outputs will necessitate that UNFPA work very closely with other donors, such as UNDP, UNICEF, the World Bank, and USAID by co-financing projects in order to achieve a greater impact.

21. Advocacy. The purposes of the advocacy subprogramme are to help create a political and juridical framework conducive to the implementation of the population programme and to contribute to the promotion of reproductive rights. The subprogramme will organize conferences, symposia and workshops to sensitize decision makers, political leaders and parliamentarians on the need for population and reproductive health activities. It will also organize information and training workshops for the state and private media and study tours and workshops to sensitize religious leaders on the need to reduce harmful traditional practices and on the reproductive rights of women and youth. In the case of these latter activities, the Commissioner for the Advancement of Women will coordinate assistance from different outside partners. For example, UNFPA and Luxembourg will link their efforts for the elimination of FGM: UNFPA will finance sensitization activities while Luxembourg will fund income-generating activities.

22. The subprogramme will foster the interest of men in gender issues through the organization of meetings and discussions and debates on radio and television. It will support studies on men's perception of issues relating to women's advancement and will help to disseminate the results of those studies. The Fund will also support dissemination of data on the economic and social roles of women and of existing legislation that promotes the advancement of women and gender equality. The subprogramme will assist the national committee for the elimination of practices harmful to the health of women and children in sensitizing men, women and young people on the reproductive health implications of FGM.

23. Implementation, coordination, monitoring and evaluation. The execution of the proposed programme will be undertaken mainly by the Government and national NGOs. UNESCO will execute the family life education project. However, following a PRSD recommendation, an assessment of the current system of coordination will be undertaken. A mechanism for annual coordination among all donors involved in the financing and implementation of the programme and the local UNFPA office should help to improve programme performance.

24. In the spirit of South-South cooperation, study tours and other exchanges of experience through, inter alia, the African Committee for Women Ministers and Parliamentarians and subregional institutes of training will be organized. A formal South-South project involving cooperative efforts between Indonesia, Senegal and Mali in the area of reproductive health will be developed in 1998.

25. Monitoring and evaluation of the proposed programme will be carried out in accordance with the procedures and guidelines of the Fund. A mid-term programme review will be organized in 2000 to assess progress and make recommendations. A final evaluation in 2002 will assess the impact of the programme and be used in preparing for the next programme. Indicators for all activities will be used to monitor the implementation of the programme. The programme will be monitored by the UNFPA local office which is composed of a Representative, two national programme officers, one national programme assistant, one financial assistant and two secretaries.

Recommendation

26. The Executive Director recommends that the Executive Board approve the programme of assistance to Mali as outlined above in the amount of $11.0 million over the period 1998-2002, of which $10.0 million would be programmed from UNFPA regular resources, to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral sources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of resources.

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